

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016168

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 231

FILED MAY 14 1962

Primary Registration District No. —Registrar's No. 134

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0740

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NODAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELMO		Length of stay in 1b 1 DAY	c. CITY OR TOWN NEAR CLEARMONT Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORD HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 MI. W. OF TOWN Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First KELSIE Middle DALE Last CLEMMONS		4. DATE OF DEATH Month APRIL Day 25 , Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/27/1889
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM	
11. BIRTHPLACE (City and state or country) GUILFORD, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME WALTER CLEMMONS		13b. MOTHER'S MAIDEN NAME MARTHA LEWIS	
14. NAME OF HUSBAND OR WIFE ANNA CLEMMONS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Blue W. Clemmons Address Braddyville, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decompensated cor pulmonale		INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ch. Pulmonary congestion & mitral stenosis		sev. yrs.	
DUE TO (c) Arteriosclerotic heart disease.		Sev. yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Probable inactive rheumatic fever & luetic valvular disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:00 a.m. p.m. Month, Day, Year, January 27, 1945	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ELMO, MISSOURI		
21. I attended the deceased from January 27, 1945 to April 25, 1962 and last saw her alive on April 25, 1962 Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Annist Ford D.O.	
22b. ADDRESS ELMO, MISSOURI		22c. DATE SIGNED 4/27/62	
23a. REMOVAL, CREMATION, REMOVAL (Specify) Bur.	23b. DATE 4/27/1962	23c. NAME OF CEMETERY OR CREMATORY CLEARMONT CEM.	23d. LOCATION (City, town, or county) (State) CLEARMONT, MISSOURI
24. FUNERAL DIRECTOR Walker Funeral Home, Clarinda, Iowa		25. DATE RECD. BY LOCAL REG. 5 9 62	26. REGISTRAR'S SIGNATURE Bevo Holt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAY 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Boyd S. Haringer

Licensed Embalmer No. 5136

P. O. Address BEDFORD, IOWA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.